

IN UNFADING INK, a SEPARATE RETURN must be made for each, and the number of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178

County Registrar No. 284

Local Registrar No. _____

No. Dairy Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ricardo Fernandez Jr. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes

7. Date of birth Aug. 16 - 1926
Month _____ Day _____ Year _____

5. No., in order of birth _____

8. FATHER

Full name Ricardo Fernandez

9. Residence (Usual place of abode) Lower Miami
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Spain
(State or country)

13. Occupation Miner
Nature of Industry

14. MOTHER

Full maiden name Maria Mendoza

15. Residence (Usual place of abode) Lower Miami
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation House wife
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11:20 P. m. on the date above stated
(Born alive or ~~stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. J. Jotela
(Physician or midwife)

Address Dairy Canyon

Given name added from a supplemental report.

Month, day, year

Filed Aug 17, 1926 Local Registrar.

Registrar

Filed _____, 19 _____ County Registrar.

969-811-441